

MURPHY RECREATION PARK

SUMMER CAMP APPLICATION 2023

RECREATION DEPT. WEBSITE ADDRESS putnamct.us/departments/parks-and-recreation

IMPORTANT: REGISTRATION DEADLINE JUNE 23, 2023

FOR CHILDREN AGES 5-13 YEARS **(ALL CHILDREN MUST BE 5 YEARS OLD AND BATHROOM TRAINED)**

Camp begins Wednesday: July 5, 2023 and ends Wednesday August 9, 2023.

Breezy Water Slide Field Trip (*\$30 fee & separate sign-up sheet to come*), Thursday August 3, 2023 / rain date Friday August 4, 2023. No camp will be provided this day!

Day begins 8:30 AM/ PARENT DROP OFF NO EARLIER THAN 8:00am at Murphy Park or 8:20am at the Middle School Cafeteria for a free Breakfast. (Lunch is free)! Camp ends at 3:30pm.

Unfortunately, due to the rising cost of fuel and transportation fees Putnam Recreation at this time cannot provide buses to and from camp. Camp will be Parent drop off and Parent pick up only. (If your child is at Summer School they will still be picked up after lunch time to walk to Camp.) In order to keep our camp fees economical we will only be providing buses for field trips. With this in mind we are initiating a late pick up that will run till 4:30 pm for an additional fee of \$15 dollars flat fee per week (limited space).

CAMP FEES 2023

Resident \$11/per day - \$55/per week

Three or more children from same family the 3rd child is \$5/per day

Late Pick up fee \$15 per week flat fee

Non-Residents \$20/per day - \$100/per week

Camp T-Shirts are available for \$8 dollars but are not mandatory.

Payments for Camp must be paid every week the first day that the child attends (Field trip payments are separate from camp fees and fees will be posted prior to the trip.)

Payments made by a third party are the responsibility of the parent or guardian and all paperwork to be filled out. Parent or guardian is responsible for the Child's camp payments.

IF MEDICATION NEEDS TO BE ADMINISTERED AT CAMP, AN AUTHORIZATION FORM MUST BE COMPLETED BY YOUR DOCTOR WHICH IS INCLUDED WITH THIS APPLICATION.

Registration Forms Available at Town Municipal Complex Parks and Recreation Dept. (check web for hours of operation), Putnam Elementary School, and Putnam Recreation Web Page. Call (860) 963-6800, ext 140 for any further info. *Checks made payable to Putnam Rec.* ¹Please fill out all pages of this application form and return to Town Hall Parks and Rec Dept by date above or mail to Parks and Rec. Dept. 200 School Street , Putnam, CT 06260

REGISTRATION FORM

FORM MUST BE COMPLETED BEFORE CHILD IS ALLOWED TO ATTEND CAMP

Child's Name: _____ Age _____

Address: _____

Full Address Town State

Cell Phone# _____ Work phone# _____

Emergency Phone #'s:(Indicate person's name, relationship to the child, and phone#)

_____/_____/_____

_____/_____/_____

I, the undersigned, release the Town of Putnam and its employees for any and all claims or damage I may have against them for all injuries suffered by the individual registered above in said camp program.

Date

Parent/Guardian Signature

2023 Pulaski Park Field Trips:

I will allow my child to attend field trips that are run by the Summer Day Camp.

Parent/Guardian Signature _____ Date _____

We will be going to Pulaski Park Every Friday - Please answer the question below.

SWIMMING QUESTION: Can your child swim? _____YES _____NO

Please remember on Fridays to send your camper with a bathing suit, towel and a change of clothes. Campers will not be allowed in water without these items. Please, no water toys are allowed.

****Pulaski Park Friday Trips are subject to change and not guaranteed*

PUTNAM SUMMER DAY CAMP RULES

Our goal is basically to provide a good time for all campers. In order for this to occur, certain guidelines are necessary to regulate behavior. Please make sure that you are completely aware of the following statements. All campers are expected to respect the Park, the counselors and their fellow camper. Destroying Park property. Disrespect to the Recreation Department Staff, or harassment of a camper could all result in permanent expulsion from the Summer Camp and (or) Murphy Park. Everything depends on the severity or the frequency of a particular offense. The Recreation director reserves final judgment on any action to be taken.

The following are specific rules:

1. Swearing, scuffling, disrespect to a counselor, bullying.
1st offense: Removal to the cooling off area for at least one activity period.
2nd offense: One-day suspension from camp.
3rd offense: One-week suspension from camp.
4th offense: No longer allowed to attend camp and possible expulsion from Murphy Park itself.
2. Leaving the Park without parental permission but known by Park Staff.
1st offense: Immediate notification of a Parent and five-day suspension from the camp.
2nd offense: Same as above but no longer allowed to participate in camp activities.
3. Serious Punching, Fighting or Stealing,
1st offense: A parent will be asked to pick-up the child immediately and a five-day suspension from
2nd offense: Same as above and no longer allowed at Murphy Park.
4. Destroying Park Property of inflicting injury on another person.
1st offense: permanent expulsion from Murphy Park for the duration of the summer.

Inclement weather can cause the cancellation of camp for the day. Cancellations will be reported to WINY Radio 1350am and 97.1fm between 7:00 and 8:00 AM. Please make alternative plans in case of inclement weather.

All State of Connecticut Health Protocols will be followed.

I have read camp rules and arrangements for inclement weather on the top portion.
Please sign and return with application.

Campers Name _____

Parent/Guardian Signature _____

Date _____

DAY KIMBALL HOSPITAL
EMERGENCY DEPARTMENT

PATIENT CONSENT FORM

FULL NAME (patient): _____ AGE: _____

ADDRESS: (home): _____

TELEPHONE NUMBER (home): _____ RELIGION _____

TELEPHONE NUMBER (work/other): _____ AUTO LICENSE# _____

SOCIAL SECURITY# (Parent or Guardian): _____

CHILD'S SOC. SEC.# _____

NAME: (Parent or Guardian): _____

EMPLOYER: (Parent or Guardian): _____

EMPLOYER ADDRESS: _____

HEALTH INSURANCE NAME AND # _____

AUTOMOBILE INSURANCE (Name Agency): _____

GUARANTOR: (person carrying insurance): _____

FAMILY MEDICAL DOCTOR: _____

CURRENT MEDICATIONS: _____

ALLERGIES TO MEDICATIONS: _____

PERTINENT MEDICAL HISTORY: _____

LAST TETANUS IMMUNIZATION: _____

In the event your efforts to reach me are unsuccessful, I, parent or legal guardian consent to Emergency evaluation, treatment and/or admission to Day Kimball Hospital as determined by the physician in charge of the care of the above named person.

DATE: _____

SIGNATURE: _____

(Parent or Guardian)

EXPIRES: _____

The Connecticut State Law requires a written medication order by physician or authorized prescriber along with a parent(s)/guardian(s) permission for administration of medication by camp nurse or authorized personnel. Medication must be in the original properly labeled container and dispensed by a physician/pharmacist.

Putnam Summer Day Camp:

Camper: _____

Date Form Received: _____

Date of Birth: _____

**MEDICATION ORDER TO BE COMPLETED BY THE PHYSICIAN OR
AUTHORIZED PRESCRIBER**

Reason for medication: _____

Name of medication: _____

Form of Medication/Treatment

___ tablet/capsule ___ liquid ___ inhaler ___ nebulizer ___ other _____

Instructions (schedule and dose to be given at camp): _____

Start: _____ date form received Other date: _____ Stop: _____

end of camp season Other date/duration: _____

Instructions and/or important side effects: ___ none anticipated (or)

___ yes. Please describe: _____

**This student is both capable and responsible for self-administering this medication: ___ No ___ Yes
Supervised ___ Yes ___ Unsupervised. This student may carry this medication: ___ No ___ Yes**

Date: _____ M.D. Signature: _____

Physician's Name: _____

Address: _____

Telephone: _____ DEA Number _____

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

I give permission for (name of child) _____ to receive the above medication at camp.

I understand I must provide no more than a 45 camp day supply of medication in the original pharmacy labeled container.

I also understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of camp.

Signature _____ Relationship: _____

Date: _____ Telephone: _____

Emergency: _____

Dear Parent/Guardian, Exciting news! We will be using the service VoiceFriend as one of the ways to communicate important information for camp this year. Instead of sending countless flyers that never make it home we will send a message via text or voicemail directly to you. This is not mandatory to join and any of your information will not be sold to any third-party marketing companies. This is solely for the purpose of communication of the Putnam Recreation Summer Camp.

If you choose not to receive communications this way write "DO NOT CONTACT ON THIS PAPER". If you decide to stop text messages you can reply to the text message, "STOP" to remove yourself from future text messages.

If you have any questions, please do not hesitate to contact Putnam Recreation Summer Camp.

Important: Please print all information below legibly. Thankyou.

Childs Name: _____ Parent/Guardian Signature: _____

Leave voice message: _____ (cell #)

Send text message: _____ (cell #)

Thank you, Putnam Recreation Summer Camp